|             | Effective December 8, 2004   |  |                |  |                  |                                       |           |                           | 10/552096              |        |                      |              |                        |  |
|-------------|--|--|----------------|--|------------------|---------------------------------------|-----------|---------------------------|------------------------|--------|----------------------|--------------|------------------------|--|
|             | CLAIMS AS FILED - PART I National States   Part   Part   Special Speci |  |                |  |                  |                                       | ese<br>rt | SMALL I                   | NTITY                  |        | Allocton Abo         | redo-        |                        |  |
|             | S. NATION  | AL STAGE FEE                               |                | Column 1)  | 7                | 005-805-8421                          | 7         | ITPE                      |                        |        | (70 <u>9</u> 1 385-0 | (2)<br>(2)   | म्री-४                 |  |
| H           | SIC FEE  | - CINCETEE                                 |                |  |                  |                                       | 4         | RATE                      | FEI                    | E      | RATE                 | T            | FEE                    |  |
| Ͱ           | EXAMINATION FEE  |  |                | SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100  U.S. is ISA = \$ 50 / \$ 100 |                  | \$ 100 / \$ 200                       |           | BASIC FEE                 |                        | 1      | OR BASIC FEE         | 1:           | 3X                     |  |
| · ·         |  |  |                |  |                  |                                       |           | EXAM, FEE                 |                        | $\neg$ | EXAM FEE             |              | 200                    |  |
| SEARCH FEE  |  |  | ALL            | ALL other countries = \$200 / \$ 400   |                  | AR other situations = \$ 250 / \$ 500 |           | SEARCH FE                 | E A                    | 1      | SEARCH FE            |              | 40Z                    |  |
| FE          | FEE FOR EXTRA SPEC. PGS.   |  |                | minus 100 =  |                  | / 50 =                                | 1         | X \$ 125                  | 1.                     | 1      | X \$ 250 :           |              |                        |  |
| 70          | TOTAL CHARGEABLE CLAIMS  |  |                | minus 20 =   | ٠ _              |                                       |           | X \$ 25 ∈                 |                        | ٦,     | R X \$ 50 =          | -            |                        |  |
| INC         | INDEPENDENT, CLAIMS  |  |                | minus 3 =  | -                |                                       |           | X \$ 100 =                |                        | -1     | R X-\$ 200=          | - -          |                        |  |
| MU          | LTIPLE DEPE  | NDENT CLAIM F                              | RESENT         | L  |                  | P                                     |           | + \$ 180 =                | 1                      | ٦,     |                      | ┪-           |                        |  |
| · f         | the differen   | ce in column 1 i                           | zero, enter *0 | in o   | olumn 2          |                                       | TOTAL     | -                         | $\dashv$               |        | 10                   | 62           |                        |  |
| AMENDMENT A |  | (Column 1) CLAMS REMAINING AFTER AMENDMENT |                | (Colum<br>HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI   | ST<br>ER<br>JSLY | (Column 3) PRESENT EXTRA              |           | RATE                      | ADDI-<br>TIONAL<br>FEE |        | RATE                 | AI           | DDI-<br>DNAL           |  |
|             | Total  | AMEROMENT                                  | Minus          | PAID F   | OR               |                                       | ŀ         | X\$25=                    | FEE                    | -      |                      |              |                        |  |
|             | Independent  | . 2  | Minus          | 3  |                  | = ()                                  | ŀ         | X \$ 100 =                |                        | OR     |                      | <del> </del> | $\perp$                |  |
|             | FIRST PRE  | SENTATION OF                               | MULTIPLE D     | EPENDENT CL  | AIM              |                                       | ŀ         |                           |                        | OR     | -                    |              |                        |  |
|             |  |  |                |  |                  |                                       | Ļ         | + \$ 180 =<br>OTAL ADDIT. |                        | OR     |                      | _            | Ц                      |  |
|             |  |  |                |  | •                |                                       |           | FEE                       |                        | OR     | TOTAL ADDIT.         |              | $\sqcup$               |  |
| 7           | ·  | (Column 1)                                 |                | (Column  |                  | (Column 3)                            |           |                           |                        |        |                      |              |                        |  |
|             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO  | R<br>SLY         | PRESENT<br>EXTRA                      |           | RATE                      | ADDI-<br>TIONAL<br>FEE |        | RATE                 | TION         | ADDI-<br>TIONAL<br>FEE |  |
|             | otal   | <u> </u>                                   | Minus          | ••   |                  |                                       | Γ         | X \$ 25 =                 |                        | OR     | X \$ 50 =            |              | 一                      |  |
|             | ndependent   | •  | Minus          | •••  | Ţ                |                                       | 5         | \$ 100 =                  |                        | OR     | X \$ 200 =           |              | $\dashv$               |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI  |  |                |  | MM               |                                       | 1.        | \$ 180 =                  |                        | OR     | +\$360=              |              | $\dashv$               |  |
| _           |  |  |                |  |                  |                                       |           |                           |                        |        |                      |              |                        |  |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.